

Revocation of Power of Attorney With New Power of Attorney And Change of Correspondence Address

Docket Number

UMD153US

Address To
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Applicant Information

First Named Inventor	Stephen F. Vutner		
Address	16 E. 27th Street		
City	Barnegat Light	State	New Jersey
Country	United States of America	Postal Code	08006-0339
Title of Invention			
MST1 Modulation of Apoptosis in Cardiac Tissue and Modulators of MST1 for Treatment and Prevention of Cardiac Disease			
Examiner Name	Mondesi, Robert B.	Art Unit	1653
Application No., if any	10/683,576		
Filing Date	October 10, 2003		

Power of Attorney

I hereby revoke all previous powers of attorney given in the application identified above.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 46046

OR

☐ Practitioner(s) named below:


Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Dated: 2/22/11 By: Denise Mulkern

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Please change the correspondence address for the above-identified application to:			
Customer Number	46046		
-OR-			
Name			
Address			
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I am the:			
<input type="checkbox"/> Applicant/Inventor.			
<input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) is submitted herewith or filed on _____			
SIGNATURE of Applicant or Assignee of Record			
Signature			
Name	Denise Mulhern		
Title and Company	Vice President for Finance and Treasurer, University of Medicine and Dentistry of New Jersey		
Date	2/22/11	Telephone	973-972-4339
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input checked="" type="checkbox"/> *Total of 2 _____ forms are submitted.			